

# LIQUOR LICENSE APPLICATION CHECKLIST

DATE REC'D. AT BOS OFFICE: August 9, 2010

NAME OF ESTABLISHMENT: The Strawberry Bear

COUNTY NUMBER: LL 10-04

DATE	
8/9/10 SE	County number assigned in database
8/9/10 SE	County number written on top right hand corner of application & questionnaire
8/9/10 SE	Letters sent to: 1. Sheriff's office w/copy of Application/Questionnaire/Notice/Affidavit of Posting 2. Planning & Zoning w/copy of Application/Questionnaire 3. Health Dept. re: health operating permits (info. only)
9-8-10 9-8-10 8-16-10	Letters received from: 1. Sheriff's Office - <b>Board packet page nos.</b> _____ - _____ 2. Planning & Zoning - <b>Board packet page no.</b> _____ 3. Health Department - <b>Board packet page no.</b> _____
	Set as BOS agenda item w/required backup material
	Applicant informed of BOS meeting date and time
	Applicant sent written notification of Board's decision
	State Dept. of Liquor Licenses & Control sent written notification of Board's decision w/copy of Application/Questionnaire and original Affidavit of Posting Notice
	File all material in Liquor License File

Arizona Department of Liquor Licenses and Control  
 800 West Washington, 5th Floor  
 Phoenix, Arizona 85007  
 www.azliquor.gov  
 602-542-5141

LOCAL GOVERNING BODY RECOMMENDATION

CITY/TOWN OF \_\_\_\_\_ STATE APPLICATION # 06040003

COUNTY OF Sila, ARIZONA: CITY/TOWN/COUNTY # \_\_\_\_\_

ORDER # 10-04

At a regular meeting of the Board of Supervisors of the City/Town/County  
 (Regular or Special) (Governing Body)

of Sila held on the 21st day of September, 2010 the  
 (Day) (Month) (Year)

application of Lisa Bramoff for a license to sell spirituous liquors at

the premises described in Application # 06040003, License Class Series 16 was  
 considered as provided by Title 4, A.R.S. as amended.

IT IS THEREFORE ORDERED that the APPLICATION of Lisa Bramoff for the Strawberry Bear  
 is hereby recommended for \_\_\_\_\_  
 (approval/disapproval)

a license to sell spirituous liquors of the class, and in the manner designated in the Application.

IT IS FURTHER ORDERED that a Certified Copy of this Order be immediately transmitted to the  
 Department of Liquor Licenses and Control, Licensing Division, Phoenix, Arizona.

\_\_\_\_\_  
 CITY/TOWN/COUNTY CLERK

DATED AT \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_  
 (Day) (Month) (Year)

\* Disabled individuals requiring special accommodations please call the Department

**Thomas H. Melcher**  
Chief Deputy



**James A. Eskew**  
Jail Commander

Office of  
**Sheriff of Gila County**  
**John R. Armer**

September 6, 2010  
Gila County Sheriff's Office

Please direct the deputy to immediately notify Nancy Neumann at the Globe Sheriff's Office of the posting date. Nancy can be reached at (928) 402-8579.

After the 20-day period has ended, I would appreciate the Notice being taken down as quickly as possible. (Note: The Notice must be taken down on the 21<sup>st</sup> day or after not the 20<sup>th</sup> day.) Upon removal of the Notice and Application, the deputy should complete the Affidavit of Posting Form and all of the paperwork should immediately be sent to Ms. Davis who will record the removal date and then forward to me all paperwork including this letter signed by the Sheriff.

I can be contacted at (928) 425-3231 ext. 8757 if you have questions.

THE APPLICATION FOR THE LIQUOR LICENSE AND NOTICE WERE POSTED AT THE ADDRESS LISTED FOR A PERIOD OF TWENTY DAYS AS REQUIRED BY LAW.

SIGNED: John R. Armer  
Sheriff John R. Armer

## ARIZONA DEPARTMENT OF LIQUOR LICENSES AND CONTROL

800 W Washington 5th Floor  
Phoenix AZ 85007-2934  
www.azliquor.gov  
(602) 542-5141

## AFFIDAVIT OF POSTING

Date of Posting: 8/12/10 Date of Posting Removal: 09-02-10

Applicant Name: Bramoff, Lisa A  
Last First Middle

Business Address: 120 Balls Drive, Strawberry, Az 85544  
Street City Zip

License #: 06040003

I hereby certify that pursuant to A.R.S. § 4-201, I posted notice in a conspicuous place on the premises proposed to be licensed by the above applicant and said notice was posted for at least twenty (20) days.

DEPUTY M. HILL

Print Name of City/County Official

DEPUTY SHERIFF

Title

ON FILE

Telephone #

M Hill

Signature

8/12/10

Date Signed

Return this affidavit with your recommendation (i.e., Minutes of Meeting, Verbatim, etc.) or any other related documents.

If you have any questions please call (602) 542-5141 and ask for the Licensing Division.

Individuals requiring special accommodations please call (602) 542-9027

Tommie C. Martin, District I  
610 E. Hwy 260, Payson 85547  
(928) 474-2029  
[tmartin@gilacountyaz.gov](mailto:tmartin@gilacountyaz.gov)

Michael A. Pastor, District II  
(928) 402-8753  
[mpastor@gilacountyaz.gov](mailto:mpastor@gilacountyaz.gov)

Shirley L. Dawson, District III  
(928) 402-8511  
[sdawson@gilacountyaz.gov](mailto:sdawson@gilacountyaz.gov)



**GILA COUNTY**  
**BOARD OF SUPERVISORS**

1400 E. Ash  
Globe, Arizona 85501

Don E. McDaniel, Jr.,  
County Manager  
(928) 402-4257  
[dmcDaniel@gilacountyaz.gov](mailto:dmcDaniel@gilacountyaz.gov)

John F. Nelson,  
Deputy County Manager/  
Clerk of the Board of Supervisors  
(928) 402-8754  
[jnelson@gilacountyaz.gov](mailto:jnelson@gilacountyaz.gov)

**DATE:** August 9, 2010

**TO:** Gila County Community Development Department

**FROM:** Marian Sheppard, Chief Deputy Clerk of the Board

**SUBJECT:** Liquor License Application

Please be advised that the following Liquor License Application was filed with the Arizona State Department of Liquor Licenses and Control on August 4, 2010. In accordance with A.R.S. §4-201, the Board of Supervisors is required to accept, deny, or return a "no recommendation" decision regarding this application to the Arizona State Department of Liquor Licenses and Control **within sixty days of the filing date**. Attached is a copy of the application and questionnaire(s) pertaining to the following:

Applicant: Lisa A. Bramoff  
No./Type: #6 - Bar License - Person Transfer  
Business Name: The Strawberry Bear  
Location: 120 Ralls Drive, Strawberry, AZ 85544  
Current License Owner: Kathryn L. Waters  
Location of License: saa

Please indicate (below) whether this application meets zoning requirements and building permit issues/concerns related to this business, return as soon as possible.

\*\*\*\*\*

THIS ESTABLISHMENT DOES/DOES NOT MEET THE ZONING REQUIREMENTS FOR A LIQUOR LICENSE.

☒ No pending issues

Issues pending, as follows: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Bob Gould, Director

Tommie C. Martin, District I  
610 E. Hwy 260, Payson 85547  
(928) 474-2029  
[tmartin@gilacountyaz.gov](mailto:tmartin@gilacountyaz.gov)

Michael A. Pastor, District II  
(928) 402-8753  
[mpastor@gilacountyaz.gov](mailto:mpastor@gilacountyaz.gov)

Shirley L. Dawson, District III  
(928) 402-8511  
[sdawson@gilacountyaz.gov](mailto:sdawson@gilacountyaz.gov)



**GILA COUNTY**  
**BOARD OF SUPERVISORS**

1400 E. Ash  
Globe, Arizona 85501

Don E. McDaniel, Jr.,  
County Manager  
(928) 402-4257  
[dmcDaniel@gilacountyaz.gov](mailto:dmcDaniel@gilacountyaz.gov)

John F. Nelson,  
Deputy County Manager/  
Clerk of the Board of Supervisors  
(928) 402-8754  
[jnelson@gilacountyaz.gov](mailto:jnelson@gilacountyaz.gov)

**DATE:** August 9, 2010  
**TO:** Gila County Health Department  
**FROM:** Marian Sheppard, Chief Deputy Clerk of the Board  
**SUBJECT:** Liquor License Application

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Applicant: Lisa A. Bramoff  
No./Type: #6 - Bar License - Person Transfer  
Business Name: The Strawberry Bear  
Location: 120 Ralls Drive, Strawberry, AZ 85544  
Current License Owner: Kathryn L. Waters  
Location of License: saa

Please indicate (below) if there are permitting issues or concerns within your department that are related to this business and return to me as soon as possible.

☒ No pending issues.

Issues pending, as follows:

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Signed: Michael A. Pastor

## Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor

Phoenix, Arizona 85007

www.azliquor.gov

602-542-5141

LL-10-04

**APPLICATION FOR LIQUOR LICENSE**

TYPE OR PRINT WITH BLACK INK

Notice: Effective Nov. 1, 1997, All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

**SECTION 1** This application is for a:

- ☐ INTERIM PERMIT *Complete Section 5*  
☐ NEW LICENSE *Complete Sections 2, 3, 4, 13, 14, 15, 16*  
☒ PERSON TRANSFER (Bars & Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 11, 13, 15, 16*  
☐ LOCATION TRANSFER (Bars and Liquor Stores ONLY)  
*Complete Sections 2, 3, 4, 12, 13, 15, 16*  
☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE  
*Complete Sections 2, 3, 4, 9, 13, 16* (fee not required)  
☐ GOVERNMENT *Complete Sections 2, 3, 4, 10, 13, 15, 16*

**SECTION 2** Type of ownership:

- ☐ J.T.W.R.O.S. *Complete Section 6*  
☒ INDIVIDUAL *Complete Section 6*  
☐ PARTNERSHIP *Complete Section 6*  
☐ CORPORATION *Complete Section 7*  
☐ LIMITED LIABILITY CO. *Complete Section 7*  
☐ CLUB *Complete Section 8*  
☐ GOVERNMENT *Complete Section 10*  
☐ TRUST *Complete Section 6*  
☐ OTHER Explain

**SECTION 3** Type of license and fees

LICENSE #: 06040003

1. Type of License: CLASS #6

2. Total fees attached:

\$	Department Use Only
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**APPLICATION FEE AND INTERIM PERMIT FEES (IF APPLICABLE) ARE NOT REFUNDABLE.**The fees allowed under A.R.S. 44-6852 will be charged for all dishonored checks.**SECTION 4** Applicant

1. Owner/Agent's Name: Ms BRAMOFF LISA ANN  
 (Insert one name ONLY to appear on license) Last First Middle

2. Corp./Partnership/L.L.C.:  
 (Exactly as it appears on Articles of Inc. or Articles of Org.)

3. Business Name: THE STRAWBERRY BEAR B1001585  
 (Exactly as it appears on the exterior of premises)

4. Principal Street Location: 120 RALLS DR. STRAWBERRY GILA 85544  
 (Do not use PO Box Number) City County Zip

5. Business Phone: 928-476-5832 Daytime Contact: 928-476-5832

6. Is the business located within the incorporated limits of the above city or town? ☒ YES ☒ NO

7. Mailing Address: HE 1 BOX 262 STRAWBERRY ARIZ. 85544  
 City State Zip

8. Enter the amount paid for a bar, beer and wine, or liquor store license \$ 1.00 TRANSFER (Price of License only)

**DEPARTMENT USE ONLY**

Fees: 100 Application — Interim Permit — Agent Change — Club 24 Finger Prints \$ 124  
**TOTAL OF ALL FEES**

Is Arizona Statement of Citizenship & Alien Status For State Benefits complete? ☒ YES ☐ NO

Accepted by: JW Date: 8-4-10 Lic. # 06040003

**SECTION 5 Interim Permit:**

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S. 4-203.01.
2. There **MUST** be a valid license of the same type you are applying for currently issued to the location.
3. Enter the license number currently at the location. \_\_\_\_\_
4. Is the license currently in use? ☐ YES ☐ NO If no, how long has it been out of use? \_\_\_\_\_

**ATTACH THE LICENSE CURRENTLY ISSUED AT THE LOCATION TO THIS APPLICATION.**

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, CLUB MEMBER, PARTNER,  
(Print full name)  
MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated license and location.

X \_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

My commission expires on: \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

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**SECTION 6 Individual or Partnership Owners:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

**1. Individual:**

Last	First	Middle	% Owned	Mailing Address	City State Zip
BRAMOFF	LISA	ANN	100%	HC 1 Box 262 STRAWBERRY AZ.	85544

Partnership Name: (Only the first partner listed will appear on license) \_\_\_\_\_

General-Limited	Last	First	Middle	% Owned	Mailing Address	City State Zip
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						
<input type="checkbox"/>						

(ATTACH ADDITIONAL SHEET IF NECESSARY)

2. Is any person, other than the above, going to share in the profits/losses of the business? ☐ YES ☒ NO  
If Yes, give name, current address and telephone number of the person(s). Use additional sheets if necessary.

Last	First	Middle	Mailing Address	City, State, Zip	Telephone#



**SECTION 7 Corporation/Limited Liability Co.:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

- ☐ CORPORATION *Complete questions 1, 2, 3, 5, 6, 7, and 8.*  
☐ L.L.C. *Complete 1, 2, 4, 5, 6, 7, and 8.*

1. Name of Corporation/L.L.C.: \_\_\_\_\_  
(Exactly as it appears on Articles of Incorporation or Articles of Organization)
2. Date Incorporated/Organized: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_
3. AZ Corporation Commission File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
4. AZ L.L.C. File No.: \_\_\_\_\_ Date authorized to do business in AZ: \_\_\_\_\_
5. Is Corp./L.L.C. Non-profit? ☐ YES ☐ NO
6. List all directors, officers and members in Corporation/L.L.C.:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

7. List stockholders who are controlling persons or who own 10% or more:

Last	First	Middle	% Owned	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

8. If the corporation/L.L.C. is owned by another entity, attach a percentage of ownership chart, and a director/officer/member disclosure for the parent entity. Attach additional sheets as needed in order to disclose personal identities of all owners.

**SECTION 8 Club Applicants:**

EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRINT CARD, AND \$24 PROCESSING FEE FOR EACH CARD.

1. Name of Club: \_\_\_\_\_ Date Chartered: \_\_\_\_\_  
(Exactly as it appears on Club Charter or Bylaws) (Attach a copy of Club Charter or Bylaws)
2. Is club non-profit? ☐ YES ☐ NO
3. List officer and directors:

Last	First	Middle	Title	Mailing Address	City	State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

**SECTION 9 Probate, Will Assignment or Divorce Decree of an existing Bar or Liquor Store License:**

1. Current Licensee's Name: \_\_\_\_\_  
(Exactly as it appears on license) Last First Middle
2. Assignee's Name: \_\_\_\_\_  
Last First Middle
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_ Date of Last Renewal: \_\_\_\_\_
4. ATTACH TO THIS APPLICATION A CERTIFIED COPY OF THE WILL, PROBATE DISTRIBUTION INSTRUMENT, OR DIVORCE DECREE THAT SPECIFICALLY DISTRIBUTES THE LIQUOR LICENSE TO THE ASSIGNEE TO THIS APPLICATION.

**SECTION 10 Government: (for cities, towns, or counties only)**

1. Governmental Entity: \_\_\_\_\_
2. Person/designee: \_\_\_\_\_  
Last First Middle Contact Phone Number

**A SEPARATE LICENSE MUST BE OBTAINED FOR EACH PREMISES FROM WHICH SPIRITUOUS LIQUOR IS SERVED.**

**SECTION 11 Person to Person Transfer:**

Questions to be completed by CURRENT LICENSEE (Bars and Liquor Stores ONLY-Series 06,07, and 09).

1. Current Licensee's Name: WATERS KATHRYN LYNN Entity: owner <sup>Agent</sup>  
(Exactly as it appears on license) Last First Middle (Indiv., Agent, etc.)
2. Corporation/L.L.C. Name: WATERS FOOD SERVICES LLC  
(Exactly as it appears on license)
3. Current Business Name: MCGOLLON STEAK HOUSE & LOUNGE  
(Exactly as it appears on license)
4. Physical Street Location of Business: Street 120 RALLS DRIVE  
City, State, Zip STRAWBERRY ARIZ. 85544
5. License Type: CLASS #6 License Number: 06040003
6. Current Mailing Address: Street KIMMY JO CHALFONT 5321 S DAHLIN RD  
(Other than business) City, State, Zip PRESCOTT ARIZ. 86303

7. Have all creditors, lien holders, interest holders, etc. been notified of this transfer? ☒ YES ☐ NO
8. Does the applicant intend to operate the business while this application is pending? ☐ YES ☒ NO If yes, complete Section 5 of this application, attach fee, and current license to this application.

9. SEE ATTACHED BILLOF SALE hereby authorize the department to process this application to transfer the  
(print full name) privilege of the license to the applicant, provided that all terms and conditions of sale are met. Based on the fulfillment of these conditions, I certify that the applicant now owns or will own the property rights of the license by the date of issue.

I, \_\_\_\_\_, declare that I am the CURRENT OWNER, AGENT, MEMBER, PARTNER  
(print full name) STOCKHOLDER, or LICENSEE of the stated license. I have read the above Section 11 and confirm that all statements are true, correct, and complete.

X \_\_\_\_\_  
(Signature of CURRENT LICENSEE)

State of \_\_\_\_\_ County of \_\_\_\_\_  
The foregoing instrument was acknowledged before me this

\_\_\_\_\_ day of \_\_\_\_\_  
Day Month Year

My commission expires on: \_\_\_\_\_

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

STATE OF ARIZONA

DEPARTMENT OF LIQUOR LICENSES  
AND CONTROL  
ALCOHOLIC BEVERAGE LICENSE

License 06040003

Issue Date: 10/3/2008

Expiration Date: 6/30/2011

Issued To:

KATHRYN LYNN WATERS, Agent  
WATERS FOOD SERVICES LLC, Owner

Bar

Mailing Address:

KATHRYN LYNN WATERS  
WATERS FOOD SERVICES LLC  
MOGOLLON STEAK HOUSE & LOUNGE  
ATTN KIMEY JO CHALFONT  
5321'S DAHLIN RD  
PRESCOTT, AZ 86303

Location:

MOGOLLON STEAK HOUSE & LOUNGE  
120 RALLS DR  
STRAWBERRY, AZ 85544



EXP 6/30/2011

POST THIS LICENSE IN A CONSPICUOUS PLACE

JERRICA A. OLIVER, SR.  
DIRECTOR

*Jerrica A. Oliver Sr.*

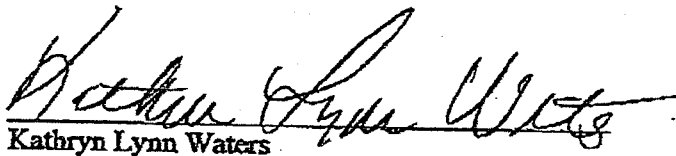
10 AUG 3 11:47 AM 199


10 JUL 20 11:47 AM 151

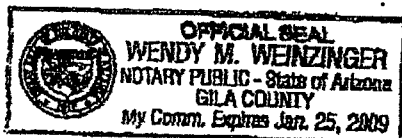
### BILL OF SALE

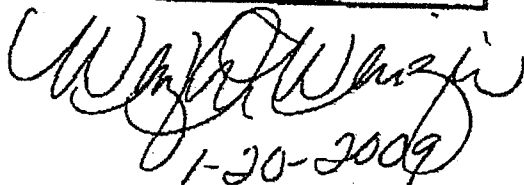
I, Kathryn Lynn Waters, of Waters Food Services, LLC, in the County of Gila, State of Arizona, in consideration of One Dollar, (\$1.00), to be paid by Kimberly Chalfont, of The Chalfont Family Trust, the receipt of which is hereby acknowledged, do hereby grant, sell, transfer and deliver unto Kimberly Chalfont the following:

The Arizona Class 6 Liquor License, currently in an inactive status  
And held by Waters Food Services, LLC.

  
Kathryn Lynn Waters

  
Date



  
1-20-2009

**SECTION 12** Location to Location Transfer: (Bars and Liquor Stores ONLY) JUL 20 1997 PM 1 51

APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE.

1. Current Business: Name \_\_\_\_\_  
(Exactly as it appears on license) Address \_\_\_\_\_
2. New Business: Name \_\_\_\_\_  
(Physical Street Location) Address \_\_\_\_\_
3. License Type: \_\_\_\_\_ License Number: \_\_\_\_\_
4. What date do you plan to move? \_\_\_\_\_ What date do you plan to open? \_\_\_\_\_

**SECTION 13** Questions for all in-state applicants excluding those applying for government, hotel/motel, and restaurant licenses (series 5, 11, and 12):

A.R.S. § 4-207 (A) and (B) state that no retailer's license shall be issued for any premises which are at the time the license application is received by the director, within three hundred (300) horizontal feet of a church, within three hundred (300) horizontal feet of a public or private school building with kindergarten programs or grades one (1) through (12) or within three hundred (300) horizontal feet of a fenced recreational area adjacent to such school building. The above paragraph DOES NOT apply to:

- a) Restaurant license (§ 4-205.02)
- b) Hotel/motel license (§ 4-205.01)
- c) Government license (§ 4-205.03)
- d) Fenced playing area of a golf course (§ 4-207 (B)(5))

- ✓ 1. Distance to nearest school: 2 miles Name of school PINE ELEMENTARY SCHOOL  
Address 20 3868 N PINE CR. DR. City, State, Zip PINE, ARIZ. 85544
- ✓ 2. Distance to nearest church: 1 mile Name of church ~~FIRST~~ STRAWBERRY CHAPEL  
Address 20 8579 FOSSIL CRK RD. City, State, Zip STRAWBERRY AZ. 85544
3. I am the: ☐ Lessee ☐ Sublessee ☒ Owner ☐ Purchaser (of premises)
4. If the premises is leased give lessors: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_
- 4a. Monthly rental/lease rate \$ \_\_\_\_\_ What is the remaining length of the lease \_\_\_\_ yrs. \_\_\_\_ mos.
- 4b. What is the penalty if the lease is not fulfilled? \$ \_\_\_\_\_ or other \_\_\_\_\_  
(give details - attach additional sheet if necessary)
- ✓ 5. What is the total business indebtedness for this license/location excluding the lease? \$ NONE 20  
Please list debtors below if applicable.

Last	First	Middle	Amount Owed	Mailing Address	City State	Zip

(ATTACH ADDITIONAL SHEET IF NECESSARY)

6. What type of business will this license be used for (be specific)? RESTAURANT w/ SMALL LOUNGE + BAR

### SECTION 13 - continued

7. Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ☐ YES ☒ NO If yes, attach explanation.

8. Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? ☐ YES ☒ NO

9. Is the premises currently licensed with a liquor license? ☒ YES ☒ NO If yes, give license number and licensee's name:

License # 06040003 (exactly as it appears on license) Name KATHRYN LYNN WATERS

### SECTION 14 Restaurant or hotel/motel license applicants:

1. Is there an existing restaurant or hotel/motel liquor license at the proposed location? ☐ YES ☐ NO  
If yes, give the name of licensee, Agent or a company name:

\_\_\_\_\_ and license #: \_\_\_\_\_  
Last First Middle

2. If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application.

3. All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control.

4. As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this ☐ hotel/motel ☐ restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application.

\_\_\_\_\_  
applicant's signature

As stated in A.R.S. § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is necessary, and the new inspection date you are requesting. To schedule your site inspection visit [www.azliquor.gov](http://www.azliquor.gov) and click on the "Information" tab.

\_\_\_\_\_  
applicants initials

### SECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form)

1. Check ALL boxes that apply to your business:

☒ Entrances/Exits ☒ Liquor storage areas Patio: ☐ Contiguous  
☐ Service windows ☐ Drive-in windows ☐ Non Contiguous

2. Is your licensed premises currently closed due to construction, renovation, or redesign? ☒ YES ☐ NO  
If yes, what is your estimated opening date? OCT-30-2010  
month/day/year

3. Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7.

4. The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above).

5. Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc.

As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing.

LB  
applicants initials

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up ↑.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

Diagram Attached

**SECTION 16 Signature Block**

I, LISA ANN BRAMOFF, hereby declare that I am the OWNER/AGENT filing this application as stated in Section 4, Question 1. I have read this application and verify all statements to be true, correct and complete.

X Lise C. Bramoff  
(signature of applicant listed in Section 4, Question 1)  
Lise C. Bramoff

State of Arizona County of Gila

The foregoing instrument was acknowledged before me this

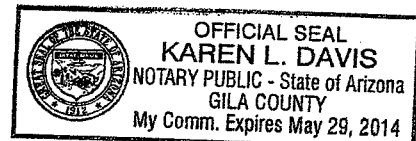
19<sup>th</sup> of July, 2010  
Day Month Year

My commission expires on:

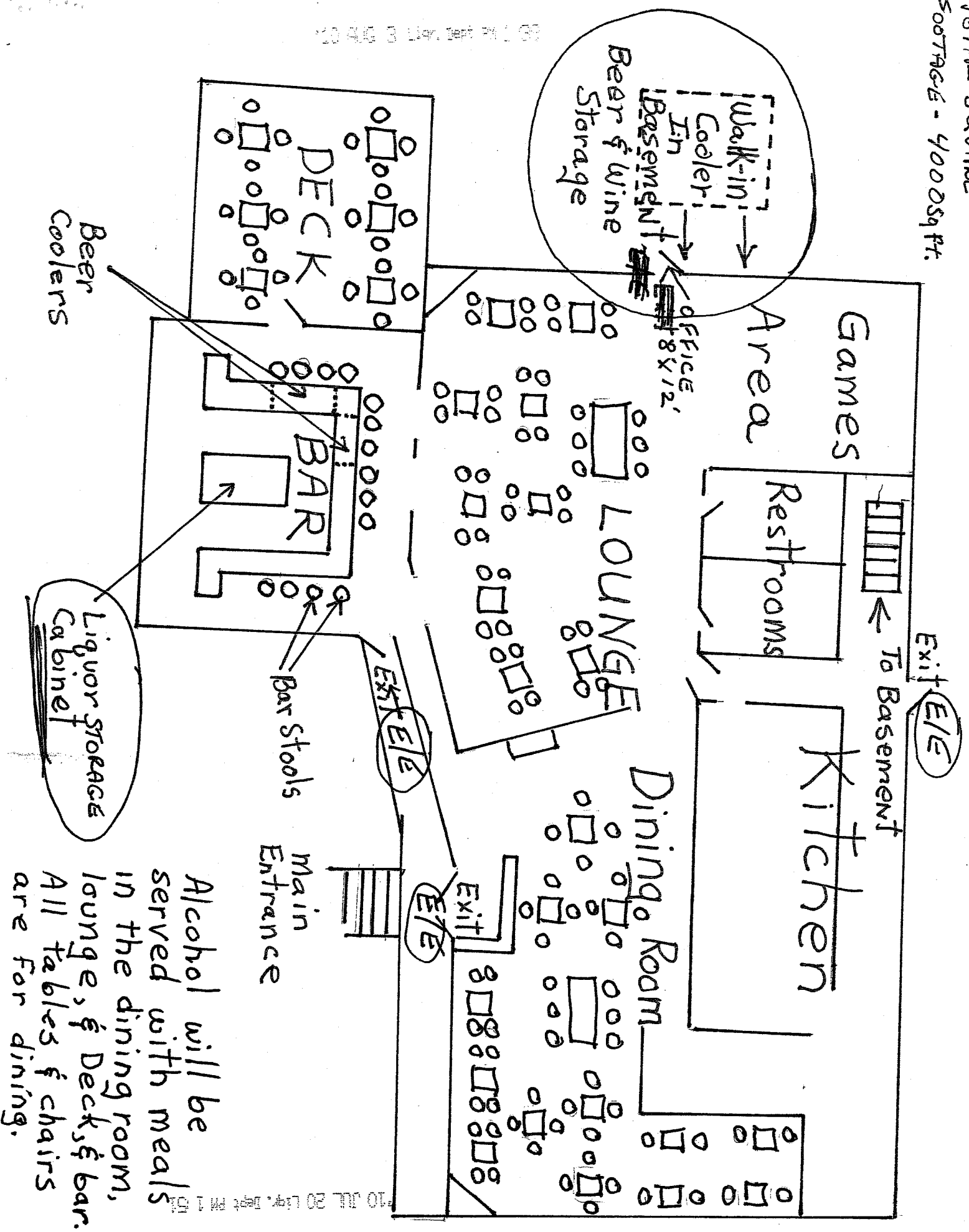
05/29/2014  
Day Month Year

Karen L. Davis

signature of NOTARY PUBLIC



TOTAL SURFACE  
5007 Sg Ft.



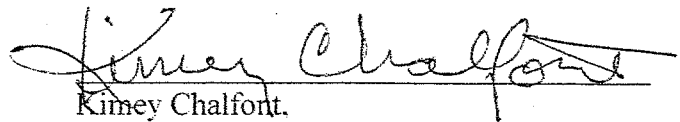
Alcohol will be served with meals in the dining room, lounge, & Deck, & bar. All tables & chairs are for dining.



# BILL OF SALE AND ASSIGNMENT

Seller, Kimey Chalfont, Trustee of the Chalfont Family Trust, does hereby irrevocably sell, assign, transfer and set over to Buyer, Lisa A. Bramoff, a married woman dealing with her sole and separate property, one certain Class 6 Liquor License No.6040003 issued by the Department of Liquor Licenses and Control of the State of Arizona.


IN WITNESS WHEREOF, Seller has signed this Bill of Sale and Assignment effective the 12<sup>th</sup> day of July, 2010.

  
Kimey Chalfont,  
In her capacity as Trustee  
of the Chalfont Family Trust

STATE OF ARIZONA       )  
                                  )ss.  
County of Yavapai       )

The foregoing instrument was acknowledged before me this 12 day of July, 2010 by Kimey Chalfont, Trustee of the Chalfont Family Trust.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

  
NOTARY PUBLIC

My Commission Expires:

